

Docket No.: 105863

**APPLICATION FOR UNITED STATES PATENT
DECLARATION AND POWER OF ATTORNEY**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; that

I verify believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: **SYSTEMS AND METHODS FOR VISUALIZING AND ANALYZING CONDITIONED DATA** described and claimed in the specification:

Check one

a. attached hereto.
b. filed on _____ as Application No. _____ and amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

Under Title 35, U.S. Code §119, the priority benefits of the following foreign application(s) and/or United States provisional application(s) filed by me or my legal representatives or assigns within one year prior to this application are hereby claimed:

U.S. Provisional Application No. 60/201,761 filed May 4, 2000

The following application(s) for patent or inventor's certificate on this invention were filed in countries foreign to the United States of America either (a) more than one year prior to this application, or (b) before the filing date of the above-named foreign priority application(s) and/or United States provisional application(s):

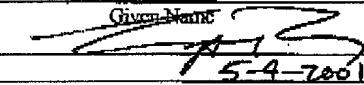
None

I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute this application and to transact all business in the Patent Office:

James A. Oliff, Reg. No. 27,075; William P. Berridge, Reg. No. 30,024;
Kirk M. Hudson, Reg. No. 27,562; Thomas J. Pardini, Reg. No. 30,411;
Edward P. Walker, Reg. No. 31,450; Robert A. Miller, Reg. No. 32,771;
Mario A. Costantino, Reg. No. 33,565; Stephen J. Roe, Reg. No. 34,463;
Joel S. Armstrong, Reg. No. 36,430; Christopher W. Brown, Reg. No. 38,025; and
Richard E. Rice, Reg. No. 31,560.

**ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF & BERRIDGE,
PLC, P.O. BOX 19928, ALEXANDRIA, VIRGINIA 22320, TELEPHONE (703) 836-6400.**

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

1	Typewritten Full Name of First or Sole Inventor	Given Name <u>Timothy</u>	Middle Initial <u>A.</u>	Family Name <u>BARG</u>
2	**Inventor's Signature:			
3	**Date of Signature:	<u>5-4-2001</u>		
	Residence:	Month	Day	Year
			Illinois	U.S.A.
	Citizenship:	City	State or Province	Country
	Post Office Address: (Insert complete mailing address, including country)	<u>2500 Morse, Wheaton, Illinois 601875</u>		
		<u>U.S.A.</u>		

*If Box (a) is checked, this form may be executed only when attached to the specification (including claims).

**Note to Inventor: Please sign name exactly as it appears above and insert actual date of signing.

IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE

PAGE 2 OF U.S.A. DECLARATION FORM
(Discard this page in a sole inventor application)

1	<i>Typewritten Full Name of Second Joint Inventor (if any)</i>		Stephen	G.	EICK
			Given Name	Middle Initial	Family Name
2	<i>**Inventor's Signature:</i>		<i>Steph Eick</i>		
3	<i>**Date of Signature:</i>		5	4	2002
	Residence:	Naperville	Month	Day	Year
					U.S.A.
	Citizenship:	U.S.A.			Country
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1	<i>Typewritten Full Name of Third Joint Inventor (if any)</i>		Jonathan	C.	MARTIN
			Given Name	Middle Initial	Family Name
2	<i>**Inventor's Signature:</i>		<i>Jonathan C. Martin</i>		
3	<i>**Date of Signature:</i>		<i>5/4/01</i>		
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	Citizenship:	U.S.A.			Country
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1	<i>Typewritten Full Name of Fourth Joint Inventor (if any)</i>		William	C.	SWANSON
			Given Name	Middle Initial	Family Name
2	<i>**Inventor's Signature:</i>		<i>William C. Swanson</i>		
3	<i>**Date of Signature:</i>		<i>05/04/01</i>		
	Residence:	Saint Charles	Month	Day	Year
					U.S.A.
	Citizenship:	U.S.A.			Country
	Post Office Address:	537 Longmeadow Circle, Saint Charles, Illinois 60174			
	(Insert complete mailing address, including country)	U.S.A.			
1	<i>Typewritten Full Name of Fifth Joint Inventor (if any)</i>		Ronald	D.	SMITH
			Given Name	Middle Initial	Family Name
2	<i>**Inventor's Signature:</i>		<i>Ronald D. Smith</i>		
3	<i>**Date of Signature:</i>		<i>05-4-2001</i>		
	Residence:	Batavia	Month	Day	Year
					U.S.A.
	Citizenship:	U.S.A.			Country
	Post Office Address:	328 Locust Street, Batavia, Illinois 60510-2736			
	(Insert complete mailing address, including country)	U.S.A.			

PAGE 3 OF U.S.A. DECLARATION FORM
(Discard this page in a sole inventor application)

1	<i>Typewritten Full Name of Sixth Joint Inventor (if any)</i>		
2	**Inventor's Signature:		
3	**Date of Signature:		
	Daryl	Middle Initial	WHITMORE
	<i>Daryl Whitmore</i>		Family Name
	5-4-01		
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	City	State or Province	Country
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	901 N. Saratoga Drive, Palatine, Illinois 60067		
1	<i>Typewritten Full Name of Seventh Joint Inventor (if any)</i>		
2	**Inventor's Signature:		
3	**Date of Signature:		
	Kurt	D.	RIVARD
	<i>Kurt Rivard</i>		Family Name
	Month	Day	Year
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1	<i>Typewritten Full Name of Eighth Joint Inventor (if any)</i>		
2	**Inventor's Signature:		
3	**Date of Signature:		
	Month	Day	Year
	Residence:	City	State or Province
			Country
	Citizenship:		
	Post Office Address: (Insert complete mailing address, including country)		
1	<i>Typewritten Full Name of Ninth Joint Inventor (if any)</i>		
2	**Inventor's Signature:		
3	**Date of Signature:		
	Month	Day	Year
	Residence:	City	State or Province
			Country
	Citizenship:		
	Post Office Address: (Insert complete mailing address, including country)		

****Note to Inventors:** Please sign name exactly as it appears and insert the actual date of signing.
 This form may be executed only when attached to the first page of the Declaration and Power of Attorney form of the application to which it pertains.

****Note to Inventors:** Please sign name exactly as it appears and insert the actual date of signing.